

## DEPARTMENT OF SOCIAL SERVICES



March 28, 1984

ALL-COUNTY LETTER NO. 84-40

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: REPORT OF SUSPECTED ELDER PHYSICAL ABUSE (CHAPTER 1273,  
STATUTES OF 1982--SB 1210)

REFERENCE:

The attached Report of Suspected Elder Physical Abuse (SOC 341) and reporting instructions, as adopted by the Department of Social Services (DSS), is required under Welfare and Institutions Code, Chapter 4.5, Division 8.5, Sections 9381(a) and 9382.

Under SB 1210 any elder care custodian, medical practitioner, nonmedical practitioner, or employee of an elder protective agency who has actual knowledge of elder physical abuse is required to report the instance by telephone to the local designated elder protective agency (in most cases the County Welfare Department), followed by a written report within 36 hours.

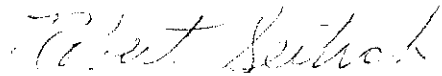
This form is to be used for the written reports; it serves to document the information given by the reporting party on the incident of suspected physical elder abuse. County Welfare Departments should distribute this form to key places in their respective counties to ensure compliance with the law. If you are not the designated elder protective agency, please ensure that the designated agency receives this directive.

Reporting by the above designated persons is effective April 1, 1984. County Welfare Departments should keep a monthly count of submitted reports of suspected elder physical abuse for the months of April 1984 through December 1984, since at a later date, the DSS will be requesting the total monthly counts for this period.

Forms will be available on May 1 and may be ordered from the Department of Social Services - Warehouse, P. O. Box 22429, Sacramento, CA 95822-3799. In the meantime you can use the attached camera-ready form to make copies for initial use.

If you have any questions about the reporting process please contact  
Marge Gerken, Statistical Services Branch, (916) 445-7400, (ATSS) 485-7400.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert Sertich".

ROBERT T. SERTICH  
Deputy Director  
Administration

Attachments

**REPORT OF SUSPECTED  
ELDER PHYSICAL ABUSE**Chapter 1273, Statutes of 1983 - SB1210  
Sections 9381(a) and 9382)SUBMIT REPORT WITHIN 36 HOURS OF THE  
TELEPHONE REPORT TO YOUR LOCAL ELDER  
PROTECTIVE AGENCY

NOTE: INSTRUCTIONS ON REVERSE

TO BE COMPLETED BY REPORTING PARTY (PLEASE PRINT OR TYPE).

**FOR USE BY INVESTIGATING EPA**

VICTIM NAME:

SUSPECTED ABUSER NAME:

REPORT NUMBER/CASE NAME:

DATE OF REPORT:

**A. REPORTING PARTY**

NAME/TITLE OF REPORTING PARTY:

SIGNATURE OF REPORTING PARTY:

DATE OF WRITTEN REPORT:

ADDRESS - STREET:

CITY:

TELEPHONE:

( )

**B. REPORT MADE TO**

ELDER PROTECTIVE AGENCY:

ADDRESS/STREET:

OFFICIAL CONTACTED:

TELEPHONE:

DATE/TIME OF TELEPHONE REPORT:

( )

LOCAL LAW ENFORCEMENT OR OTHER AGENCY CONTACTED (IF DIFFERENT FROM  
"OFFICIAL CONTACTED"):

TELEPHONE:

DATE/TIME OF TELEPHONE REPORT:

( )

**C. VICTIM**

NAME (LAST NAME FIRST):

SEX:

RACE:

ADDRESS - STREET:

TELEPHONE:

( )

PRESENT ADDRESS - STREET OF ELDER (IF DIFFERENT FROM ABOVE):

CITY:

TELEPHONE:

( )

**D. INCIDENT INFORMATION**

DATE/TIME OF INCIDENT:

PLACE OF INCIDENT:

LEARNED OF INCIDENT BY: (CHECK ONE)

☐

VERBAL REPORT

☐

OBSERVATION

IF INCIDENT OCCURRED IN AN OUT-OF-HOME-CARE SETTING, CHECK TYPE OF CARE:

☐

BOARD AND CARE

☐

SKILLED NURSING FACILITY

☐

OTHER PLACEMENT (SPECIFY):

TYPE OF PHYSICAL ABUSE (CHECK ALL THAT APPLY)

☐

BEATING

☐

CONSTRAINT

☐

SEXUAL

☐

DEPRIVATION

☐

OTHER (SPECIFY):

**E. COMMENTS**

Please provide a brief narrative about any entries that you believe require explanation or clarification. Also add any additional information not requested above that you believe pertinent to the incident of physical abuse (e.g., what the victim said, known history of similar incidents for this elder, etc.).

**Reporting Instructions**  
**(Form SOC 341 (3/84))**

**Purpose**

- This form, as adopted by the Department of Social Services, is required under Welfare and Institutions Code, Chapter 4.5, Division 8.5, Sections 9381(a) and 9382.
- Also, this form serves to document the information given by the reporting party on the suspected incident of physical abuse of an elder.

**Reporting Responsibilities**

- Any elder care custodian, medical practitioner, nonmedical practitioner, or employee of an elder protective agency who has actual knowledge that an elder whom he or she observes in his or her professional capacity or within the scope of his or her employment has been the victim of physical abuse shall report the suspected instance of physical abuse to an elder protective agency immediately or as soon as possible by telephone and shall prepare and send a written report thereof within 36 hours.
- When two or more persons who are required to report are present and jointly have knowledge of a suspected instance of elder abuse, and when there is agreement among them, the telephone report may be made by a member of the team selected by mutual agreement and a single report may be made and signed by the selected members of the reporting teams. Any member who has knowledge that the member designated to report has failed to do so, shall thereafter make the report.
- Any person knowingly failing to report, when required, an instance of elder abuse is guilty of a misdemeanor punishable by a fine not to exceed \$1,000.
- The identity of all persons who report under Chapter 4.5 shall be confidential and disclosed only by court order or between elder protective agencies.

**Reporting Party Definitions**

- "Elder care custodian" means an administrator of a community care facility licensed to care for the elderly, a public assistance worker, a licensed home aide, or an employee of an elder care institution, including personnel of residential care facilities, skilled nursing facilities, and intermediate care facilities.
- "Medical practitioner" means a physician and surgeon, psychiatrist, psychologist, dentist, osteopath, podiatrist, chiropractor, resident, intern, nurse, pharmacist, or any other person who is currently licensed under Division 2 (commencing with Section 500) of the Business and Professions Code.
- "Nonmedical practitioner" means a state or county public health employee who treats an elder for any condition, a paramedic, a coroner, a geriatric or family counselor, or a lawyer.

**General Instructions**

- Complete this form for each incident and each victim of suspected elder physical abuse.
- If any item of information is unknown, write unknown beside the item.
- Reporting party must sign this report (Item A).
- Send one copy of this report to the agency designated for reporting collection in your county.